



# MARKEL SOUTHWEST UNDERWRITERS, INC.

## MOTEL SUPPLEMENT

(Include Acord application)

Applicant's Name: \_\_\_\_\_ Location Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

**Operation:** Hotel Motel Tourist Courts/Cabins Resort Dude Ranch Physical  
 Other (describe): \_\_\_\_\_  
 Number of rooms: \_\_\_\_\_ Average room charge: \_\_\_\_\_ Average occupancy rate: \_\_\_\_\_ %  
 Room rental by the: Hour Day Week Month Other (describe): \_\_\_\_\_  
 Any leased areas? Yes No Leased to whom: \_\_\_\_\_  
 Operation: \_\_\_\_\_ Area: \_\_\_\_\_ sq. ft.  
**National affiliation?** Yes No If yes, with whom? \_\_\_\_\_  
 Recommended by local Chamber of Commerce or American Automobile Association (AAA)? Yes No  
**Building information/protection:** Number of stories: \_\_\_\_\_ Construction: \_\_\_\_\_  
 Central station fire alarm Local fire alarm Emergency lighting  
 Sprinklered Peep holes Deadbolt locks  
 Standpipes and hose Guest rooms have smoke detectors Non-slip surfaces in tubs/showers

**Annual gross sales for insured's and their concessionaires operations:**  
 \$ \_\_\_\_\_ Room rental  
 \$ \_\_\_\_\_ Convenience store Number of stores: \_\_\_\_\_  
 \$ \_\_\_\_\_ Food from restaurant Number of restaurants or lounges: \_\_\_\_\_  
 \$ \_\_\_\_\_ Liquor from restaurant or lounge  
 \$ \_\_\_\_\_ Conferences & conventions Maximum occupancy for premises: \_\_\_\_\_  
 \$ \_\_\_\_\_ Health or swim club Number of members: \_\_\_\_\_  
 \$ \_\_\_\_\_ Equipment rental (snowmobiles, boats, skis, etc.) Type of equipment: \_\_\_\_\_  
 \$ \_\_\_\_\_ Other (describe): \_\_\_\_\_  
 \$ \_\_\_\_\_ **Total of above**

**Other operations/exposures:**  
 Baseball fields Number: \_\_\_\_\_ Sports courts (tennis, basketball, racquetball, volleyball, etc.) Number: \_\_\_\_\_  
 Trails Bike Miles: \_\_\_\_\_ Horse Miles: \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Boats Number: \_\_\_\_\_ Type (sail, power, canoe, etc.): \_\_\_\_\_  
 Boat docks or slips Number: \_\_\_\_\_  
 Club houses (including exercise rooms) Number: \_\_\_\_\_ Square footage: \_\_\_\_\_  
 Lake Number of acres: \_\_\_\_\_ Park Number of acres: \_\_\_\_\_  
 Playgrounds Number: \_\_\_\_\_ Skeet/trap/archery ranges Number: \_\_\_\_\_  
 Saddle animals Number: \_\_\_\_\_ Type of animal: \_\_\_\_\_  
 Saunas/hot tubs Number: \_\_\_\_\_ Spas Number: \_\_\_\_\_  
 Swimming Indoor pool Number: \_\_\_\_\_  
 Outdoor pool ( In-ground Above-ground) Number: \_\_\_\_\_  
 Bathing beach ( Ocean beach Lake/river beach) Number: \_\_\_\_\_  
 Number of diving boards/slides/rafts: \_\_\_\_\_ Board/slide height: \_\_\_\_\_ ft.  
 Swimming pool rules posted? Yes No  
 Is outdoor, in-ground pool fenced with a self-latching gate or surrounded by the building with no direct access  
 to roadways or parking areas? Yes No  
 Life-safety equipment available at pool side? Yes No

Describe any additional recreational facilities operated by you or others on the premises: \_\_\_\_\_  
 \_\_\_\_\_

**Clientele:** Elderly: \_\_\_\_\_ % Spring break crowd: \_\_\_\_\_ % Resident housing: \_\_\_\_\_ %  
 Room registration: Monthly: \_\_\_\_\_ % Weekly: \_\_\_\_\_ % Daily: \_\_\_\_\_ %

**Security:**

Employees are required to wear ID badges at all time?	Yes	No
Room doors have viewing devices (peep holes)?	Yes	No
Room doors have deadbolt locks and door chains?	Yes	No
Door keys are card keys for electronic locks?	Yes	No
Adjoining room doors have security bars or poles within door tracks?	Yes	No
Sliding glass doors have security bars or poles within door tracks?	Yes	No
Do you release guests' names and room numbers to others?	Yes	No
Do rooms contain security instructions for guests?	Yes	No
Facility has CCTV for monitoring parking and entrances?	Yes	No

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

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Applicant's Signature

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Producer's Signature

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Date